DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: BROTOLOC RAVENSWOOD CBRF (0009554)

Address: 2615 45TH AVE, KENOSHA, WI 53144

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093427 End Date: 09/20/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009032 Served 10/12/2004

Deficiencies Cited Subject Area Subject Area Verified

83.21(4)(h) PRIVACY 83.21(4)(o) MEDICATIONS

83.32(1)(a) ASSESSMENT AND ISP

Survey ID: 0091950 End Date: 01/15/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 10/11/2004 SOD #10009032 Appealed: No

Sanctions

FORFEITURE---83.21(4)(o)

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Complaint History

Date Complaint Received: 08/17/2004 Date Investigation Completed: 09/20/2004

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED

PROGRAM SERVICES SUBSTANTIATED 10009032

Date Complaint Received: 04/02/2004 Date Investigation Completed: 09/20/2004

Subject Area(s)ResultSOD #RESIDENT RIGHTSSUBSTANTIATED10009032MEDICATIONSSUBSTANTIATED10009032

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